



COLORADO ENERGY SAVING PARTNERS WEATHERIZATION APPLICATION

Longs Peak Energy Conservation (A Division of Boulder County)

PO Box 471 Boulder, CO 80306

Phone: (720) 864-6401 or (800) 200-9006 Fax: (720) 864-6419

JOB #

APPLICANT INFORMATION (please print clearly)

Last Name:	First Name:	Middle Initial:
Street Address: (location of home)		Unit # or Mobile Lot #
City:	County:	Zip:
Home Phone:	Work Phone:	Cell Phone or Message #:
Mailing Address (PO Box):	City:	Zip:
Optional - Head of Household Name & Social Security Number:		

HOUSEHOLD INFORMATION

Number of disabled persons in household: _____	Number of Native Americans in household: _____
Number of elderly persons (age 60 or older) in household: _____	Number of children under 5 in household: _____
	Number of all others in household: _____
TOTAL number of persons residing in your home: _____	

QUALIFICATION INFORMATION

To AUTOMATICALLY QUALIFY by PUBLIC ASSISTANCE, check all that apply. You must provide proof of one of the following by submitting a copy of a recent approval letter with this application.

TANF AND OAP SSI (Supplemental Security Income) MEDICAID Social Security # _____

LEAP** LEAP Household Number: _____ LEAP Technician's Name: _____

**** NOTE:** LEAP recipients must accept weatherization if your home meets the criteria of our program, or your LEAP benefits can be denied!

OR, To Qualify by TOTAL HOUSEHOLD INCOME, submit proof of your household's GROSS MONTHLY INCOME for the PAST 3 MONTHS (total household income before taxes). For example: if you are working, send in pay stubs for the past 3 months for each employed household member.

Household income may come from one or more of the following sources. **Check all that apply. Include proof with this application in the form of copies of payment stubs, bank statements, etc. You may use previous year's tax return (until April 1).**

Job Income Social Security payments Retirement income Disability payments

Maintenance/Alimony Workers Compensation Unemployment Self-employed income

Rental Income Investment Income Income from other sources (specify)

PLEASE READ THIS SECTION CAREFULLY:

My signature below authorizes Energy Saving Partners (ESP) Staff and Crew to enter my home as needed to perform weatherization and furnace work. My signature verifies this residence is not currently for sale, nor is it designated for acquisition or clearance (foreclosure) by federal, state or local programs. Upon completion of work, I give permission for the contractor, sub-contractor, staff, local, state, and federal officials to inspect said work. I understand the warranty is not more than one year of workmanship. Materials are covered by manufacturers' warranties only. My signature below authorizes ESP and its designees to inspect heating, fuel usage and utility billing records for up to 5 years before and after completion of weatherization work and authorize pertinent utility and fuel companies to make such records available to them solely for obtaining data for evaluation of subsequent energy conservation effectiveness. I agree, on behalf and for all who stand in my stead, that the OEMC, ESP, its subgrantees and their governing bodies, and weatherization crews will not be held liable for any injury or expense incurred by me while participating in this program. I attest to the best of my knowledge that the information on this form is correct and complete. If I move from the above address or have any changes in household income or size I will inform ESP before receiving weatherization work or within 30 days, whichever is sooner. This service is free of charge, but if my home is served due to incomplete or incorrect information that would otherwise make my household ineligible, I accept responsibility for paying for services received. I authorize the release of income and benefits information to ESP to document my eligibility.

My signature below indicates that I have read, understood and agreed to the statements on the front and back of this application.

Applicant Signature _____ Date _____

PLEASE ALSO COMPLETE THE SECOND PAGE OF THIS APPLICATION →

UTILITY INFORMATION

Natural Gas or Propane Provider: _____ Account #: _____
Electric Company: _____ Account #: _____

DESCRIPTION OF HOME

Do you own or rent your home? Own Rent Is this home currently for sale? No Yes
If you rent, you must have your landlord complete and sign the **Weatherization Permission Form**
Has this address been weatherized before? Yes No Agency: _____ Year: _____
The home I live in is: Ranch style (one level) Bi-Level Tri-level House divided into 2 units Other _____
 Mobile Home Singlewide Doublewide Other: _____
Check all that apply to your home: House Townhouse Apartment Condo Duplex Multiplex Cabin
 Modular Mobile
What is the approximate age of your home: _____

The home I live in has: Finished basement Unfinished basement Crawlspace Pitched roof Flat roof
The exterior siding of my home is: Brick Wood Stucco Vinyl Aluminum Other: _____
How many bedrooms are in your home: _____ How many bathrooms: _____ How many kitchens: _____
Where is the furnace located? Basement Crawl space Wall Floor Closet Garage
 Other: _____
Type of Heating System (check all that apply): Forced Air Furnace Electric Baseboard Heat Boiler Gravity Space Heater
 Wood burner / Wood Stove Coal Heater No Furnace Other: _____
Type of hot water heater: gas electric
Type of cooking stove: gas electric Both gas and electric
Are you currently remodeling or doing construction on any part of your home? No Yes (describe) _____
Is anyone in the household using oxygen for health? No Yes
Does anyone in the household have allergies? No Yes

ACCESS TO HOME

Before weatherization work can begin, all homes must meet minimum standards of housekeeping.
 I agree Do you agree to and understand that areas where work is to be done are to be free of debris, clutter, pets and be reasonably hygienic? (Where these conditions exist because of a disability, reasonable accommodations may apply.)
 Disability present (please describe in comments below)
Access to your home: Do you agree to and understand that Energy Saving Partners technicians and contractors must be given access to all rooms in your home during business hours and on a reasonable schedule for any work to proceed?
 I agree
Comments: _____

SCHEDULING WEATHERIZATION

You will be contacted by phone or letter to schedule your weatherization audit and insulation work.
Is someone usually home during the day? Yes No
OR
Will you need to make arrangements one week in advance because of work or other obligations? Yes No
The best days to schedule work are likely to be: Monday Tuesday Wednesday Thursday Friday Any day
Comments: _____

CLIENT APPEALS PROCESS:

Once you have completed the application for services, you have the right for your application to be processed within 30 days. If your application is not processed within 30 days or if you are denied services, you may follow this appeals procedure: You may appeal to the Program Manager or Executive Director of the local E&P agency. The Program Manager or Executive Director will issue a decision in a written letter form within 30 days. If Program Manager or Executive Director denies you services and you still disagree, you have 15 days after receiving the written notification by the Program Manager or Executive Director to appeal to the Office of Energy Management and Conservation, E&P Weatherization Program. Appeals to OEMC should be in writing and addressed to: Office of Energy Management and Conservation, E&P Weatherization Program, 225 E. 16th Ave, Suite 650, Denver, CO 80203 OEMC will have 30 days to respond in writing to all appeals.

(Do Not Write in the Space Below--For Office Use Only)

I certify that this client is eligible under the appropriate funding guidelines JOB # _____
 This unit has not been previously weatherized.

Authorized E&P Agent Initials Date Approved Income Verification POV Level % HHN or Program